

Health Department, City of Baltimore.

Permit No. A 1710 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24th July 1917

Full Name of Deceased, Thomas Piver
Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, Male
Cross out the word not required in this line.

Age, 82 Years, 15 Months, 15 Days

Color, White

Married, Single, Widow or Widower, Married
Cross out the words not required in this line.

Occupation, Coffee Merchant

Birth Place, Rhode Island
State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 54 Years

Place of Death, 13 North Carey St.
Give Street and Number.

Cause of Death, Cancer of the Liver
First (Primary),
Suppurative Coma,
Second (Immediate),

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 27/17

Undertaker, Denny & Mitchell M. D.

Place of Business, 121 N. Fayette Address, 185 E. North

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

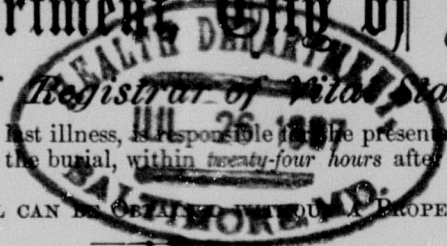
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. 1711 Office of Registrar of Vital Statistics. Ward 52

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 25 87

Full Name of Deceased, Generius Affayrout

Sex, Male or Female, Male

Age, 10 Years, 18 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, _____

Birth Place, Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 717 Front St

Cause of Death, Enteric - Colitis

Cruralsins

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 26th

Undertaker, H. C. Wiedefeld J. H. Robinson M. D.

Medical Attendant.

Place of Business, 916 Green Mt Ave Address, 725 Green Mt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 1712 Office of Registrar of Vital Statistics.

Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Moses West

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, 35 Years, Months, Days.

Color, Black

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give Street and Number. } # 1323 W. Howard

Cause of Death, { First (Primary), Second (Immediate), } Peritonitis
collapse

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, King George Co Va

Date of Burial, July 26 1887

Undertaker, W. W. Madden

John S. Huck. M. D.

Medical Attendant.

Place of Business, # 46 East St Address, Asphle Ave & Townsend

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

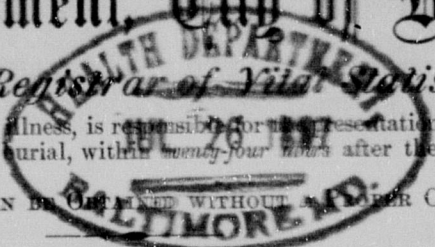
The Special Attention of Physicians is respectfully invited to the blank space below and to the use of this space for the purpose of this certificate.

Health Department, City of Baltimore.

Permit No. A 1713 Office of Registrar of Vital Statistics. Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DEATH CERTIFICATE.



Un

CERTIFICATE OF DEATH.

Date of Death, July 25 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Kaur

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 28 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Carpenter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Wilmington Del

Duration of Residence in the City of Baltimore, Four (4) weeks

Place of Death, { Give Street and Number. } For Patuxent & Boston Street

Cause of Death, { First (Primary) Accidental falling from Coal Mine P.M.R.A. Co
Second (Immediate) Fracture of Skull & great compression of Brain

Duration of Last Sickness, Four (4) hours

All the above information should be furnished by the Physician.

Place of Burial, Wilmington Del

Date of Burial, July 26 1887

{ Undertaker, H. A. Dwyer C. A. Rutledge M. D.
Medical Attendant.

{ Place of Business, 229 S. Bow Address, 103 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Special Permit Granted

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1714 Office of Registrar of Vital Statistics. Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~and~~ ^{carefully filled out,} to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 89

Full Name of Deceased, ^{ Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Blase

Sex, Male or Female, ^{ Cross out the word not required in this line. } Female

Age, Three Years, Months, Days

Color, Caucasian

Married, Single, Widow or Widower, ^{ Cross out the words not required in this line. } Single

Occupation, Life

Birth Place, ^{ State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, ^{ Give Street and Number. } 219 W. Pennington St

Cause of Death, ^{ First (Primary), Second (Immediate), } Marasmus
Exhaustion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 26th 1887

{ Undertaker, John H. Owens } DeLaune, M. D. Medical Attendant.

{ Place of Business, 502 Pearl St. } Address, 108 W. Cummins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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Health Department, City of Baltimore.

Permit No.

A 1715

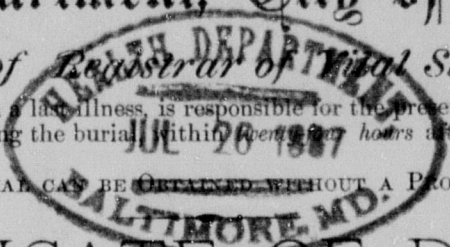
Office of Registrar of Vital Statistics.

Ward

14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

CERTIFICATE OF DEATH.

Date of Death, July 26th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Virginia Elizabeth Colly

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 weeks Years, Months Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 128 D. Gilman

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } 128 D. Gilman

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, Half a day.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 27/1887

{ Undertaker, J. B. Cook } Amman F. Nico M. D. Medical Attendant.

{ Place of Business, 1003 W. B. Ball }

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[OVER.]

Health Department, City of Baltimore.

Permit No.

1716

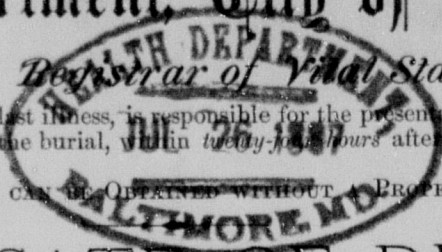
Office of Registrar of Vital Statistics.

Ward

13¹²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *July 24th 1887*

Full Name of Deceased, *Mary Jane Callahan* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *52* Years, Months, Days.

Color, *White*

Married, *Single*, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, *Limerick, Ireland* { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *35 years*

Place of Death, *267 (old number) Lemon alley* { Give Street and Number. }

Cause of Death, *Softening of Brain* { First (Primary), Second (Immediate), }

Duration of Last Sickness, *several months*

All the above information should be furnished by the Physician.

Place of Burial, *St Peters*

Date of Burial, *July 26th 1887*

{ Undertaker, *W. Kadogan* } *D. F. Hoffman* M. D. Medical Attendant.

{ Place of Business, *227 Mulberry St* } Address, *402 West Bayden*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. 1717 Office of Registrar of Vital Statistics.

Ward 15

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

CERTIFICATE OF DEATH.

Date of Death,

July 24th - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Joseph Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 1 Years,

5 Months,

6 Days.

Color,

Color

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

no

Occupation,

none
Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

1 yr 5 mos 6 days

Place of Death, { Give Street and Number. }

626 Montgomery St West
between Fremont & Waverly

Cause of Death, { First (Primary), Second (Immediate), }

Diarrhoea

Duration of Last Sickness,

5 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Pat Cemetery

Date of Burial,

July 26 1887

Undertaker,

Geo. E. Brown

Place of Business,

Health Office

Address,

University of Md

Wm P. Lehman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 1718 Office of Registrar of Vital Statistics.

Ward 9

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mattie Mary Thomas

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 11 Years, 21 Months, 21 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bla

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 614 Lexington

Cause of Death, { First (Primary), Second (Immediate), } Marasmus - Asthenia Since birth

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, July 27, 1887

{ Undertaker, Henry McElin } J. L. Miles M. D.

{ Place of Business, 226 S. B. Ave } Address, 226 S. B. Ave

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No.

A 1719

Office of Registrar of Vital Statistics.

Ward

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 25th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frank W. Brandt,

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

9 Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

{ Give Street and Number. }

1121 McElderry St

Cause of Death,

{ First (Primary),

Second (Immediate),

Marasmus

Duration of Last Sickness,

Life time

All the above information should be furnished by the Physician.

Place of Burial,

Holy Redeemer Church

Date of Burial,

July 27, 1887

{ Undertaker,

Henry Koch

Edwin B. Genby

M. D.

Medical Attendant.

{ Place of Business,

1023 Central Ave

Address,

1201 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]